I N	Agenc	y Name		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2429034								
I C	ORI	NC	NC 034	10200	REPORT  Att At Found SMTWIFS Month Day Yr Time						Date / Time Reported SMTWIFS Month Day Yr Time								
D E			ncident(s								08   15   2024   07:50 Hrs.   Last Known Secure   S M T M T F S   Month Day Yr   Time								
N T	#1			ing & Entering	With	hout For	·ce	ı —	Com	Month 08				Time 7:50  Hrs				Time $04:30$ Hrs.	
D.	#2	Crime I	ncident	0 0					-	Location	of I	ncident						Offense Tract	
A T		'rima I	ncident					Winst	ton-salem	NC 2		7 Victim Resid	211						
A	#3	Jime I	iicident						Com	Premise 7	турс					- 1		ily ∏Multi Family	
МО			d or Com MITTEI											Forcible  Yes  No	X N/A	We	apon / Tools		
	# of V	ictims	Type			Business				Injury	у [	X None			Loss o	f Tee	th Drug/A	Alcohol Use:	
* 7	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															_			
V I	Victim/Business Name (Last, First, Middle)  Victim of DOB / As														Race		Relationship		
C T	V1		DΛ	ΓΑ OMITTED				C	Crime #		34			To Offender					
I M ·				TA OMITTED					1			A	M	1RU	Unknown				
141	Home Address DATA OMIT									ГТЕО						Home Phone			
	Employer Name/Address DATA OMI									 FTED					Business Phone				
•	VYR	Color	Color Lic/Lis Vir						Vin										
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del S	erial Number	
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Y ·					$\dashv$												IWE	ITEMS ARE	
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_																		P2C REPORTS	
-					$\prod$														
	Numb		ehicles S	tolen 0		nber Vehic	cles Recovere Officer Sig		0 e				Ī	Supervisor	Signati	ıre			
ID	TIPI	A. T. (		ĞEDI								or Signature <i>DINGS</i> , <i>H. L.</i> (14851)							
	Complainant Signature Case State									tion		se Dispos		□ Loca	ated		□ Ex	tradition Declined	
Status							☐ Closed	ive /Clea	ıred			Cleared Cleared	by Ai	rest	Refuse ther Ag	gency	ooperate Γ	Page 1	